

Camp Sunshine Portugal - Registration Form 2020



Camp Selection

Select the Camp(s)¹ you want to attend from the list

(please tick)

¹You may register for either Teen week camps or if you choose, register for both. If you wish to attend both weeks you must register for each.

Week 1 - Kid's Week 7-11 years old 06/07/2020 - 12/07/2020	<input type="checkbox"/>
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Week 2 - Teen's Week 12+ years old 13/07/2020 - 19/07/2020	<input type="checkbox"/>
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Week 3 - Teen's Week 12+ years old 20/07/2020 - 26/07/2020	<input type="checkbox"/>
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Camper's Name

Camper's Forename	
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Camper's Surname	
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Camper's ID

Camper's ID Type (ID Card or Passport)	
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Camper's ID number (ID Card number or Passport number)	
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Camper's ID Expiry Date dd/mm/yyyy	
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Camper's Gender & Date of Birth

Date of Birth	
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Age	
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Gender (please tick)	
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Female	<input type="checkbox"/>
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Male	<input type="checkbox"/>
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Address Details

Camper's Address Line 1	
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Camper's Address Line 2	
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Camper's Town / City	
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Camper's County / State / Provence	
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Camper's Postcode	
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Camper's Country	
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Camper's Telephone Number	
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Camper's Mobile Number	
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Camper's eMail address	
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Is your Parent's address the same as the Camper's address?

(Yes / No)

Parent or Guardian's Details

Title	
Forename	
Surname	

Parent or Guardian's ID

Parent or Guardian's ID Type (ID Card or Passport)	
Parent or Guardian's ID number (ID Card number or Passport number)	
Parent or Guardian's ID Expiry Date dd/mm/yyyy	

Parent or Guardian's Contact Details

Relation to Camper	
Address Line 1	
Address Line 2	
Town / City	
County / State / Provence	
Postcode	
Country	
Telephone Number	
Mobile Number	
Parent's eMail address	



Health and Diet

Do you have any health issues? (Yes / No)	
If so what are they	
Do you have any allergies? (Yes / No)	
If so what are they	
Any dietary needs? (ex: vegetarian) (Yes / No)	
If so what are they	
Other than food allergies, are there any foods you do not eat? (Yes / No)	
If so what are they	



Details of your Health Care

We require your Portuguese Health ID number or if you live outside Portugal the name and policy number of your Health Insurance policy.

Name of Health care provider

Health care ID / Insurance Policy Number

Accommodation Sharing

Do you have any family or friends also attending as a camper that you wish to share with?
(Yes / No)

You may enter the names of up to two people of the same gender who are attending the same camp. This is to allocate sleeping accommodation

Terms and Conditions

I confirm I have read and that I accept Camp Sunshine's Terms and Conditions

Signature

Date

Completed forms should be scanned and emailed to registration@campsonshineportugal.org